Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) in Duval County, Epidemiology
September 2013

Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community- based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
  - o Notifiable diseases
  - o Outbreaks

Report Summary – September 2013

The month of September included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Influenza-like illness (ILI) activity remains mild and RSV is increasing. DOH-Duval continues to observe enteric illnesses and norovirus activity has been seen in the state.

Information on *Vibrio vulnificus* is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* summarizes a recent cluster of *E. coli* O157:H7 and Hemorrhage Uremic Syndrome in Duval County.

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E. coli O157:H7 and Hemorrhage Uremic Syndrome (HUS) Cluster

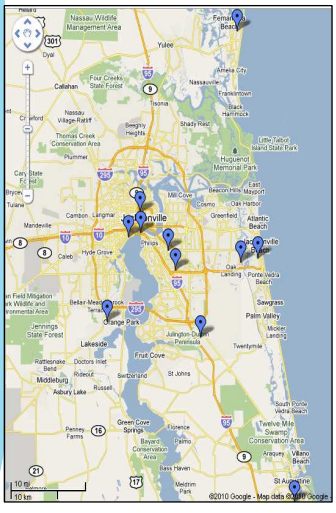
DOH-Duval Epidemiology Program staff is investigating a cluster of *E. coli* O157:H7 and two Hemolytic Uremic Syndrome (HUS). Three reported cases of *E. coli* have been confirmed positive *E. coli* O157:H7 at the Bureau of Public Health Laboratories (BPHL) in Jacksonville. PFGE analysis found the three specimens to be indistinguishable. Further analysis and comparison with others in Florida and the U.S. is underway.

The two HUS cases are located in the same household. A contact of the two HUS cases was also symptomatic with bloody diarrhea. This contact is considered a probable case. Extensive interviews with the cases revealed a common link which included consuming food at one local eating/shopping establishment. A seventh case was reported as positive shiga toxin. The specimen has been routed to BPHL for analysis. From the interview, this case also reported exposure to the same establishment. The dates of onset for the seven cases ranges from 9/14/2013 - 9/19/2013 and the average age is 46.9 years with a median of 58 years.

The Florida Department of Agriculture and Consumer Services (DACS) is working with DOH Bureau of Environmental Health. An inspection has been completed, a follow-up consult was done, and further analysis is underway.

Monitoring for further cases continues, as does the work to identify the possible source of the illness. ~ Ruth Voss, RN MPH BAN

Figure 1: ESSENCE Hospitals



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Report prepared by Karen Elliott, MPH, CHES, CIC – Karen.Elliott@flhealth.gov – All data are provisional

Enteric Disease Overview

Summary

Reported cases of salmonellosis and shigellosis increased and reported enteric diseases overall are at higher levels as is expected during the summer and fall months (Figure 2). Eighty (80) cases of salmonellosis were reported in September in Duval residents, which is higher than the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 69.0 cases for September. The most represented age group of reported cases of salmonellosis for 2013 (126/285, 44.2%) occurred in the 0-4 age group. Cases of giardiasis (7) and shigellosis (67) increased in September and cases of campylobacteriosis (10) decreased (Figure 2).

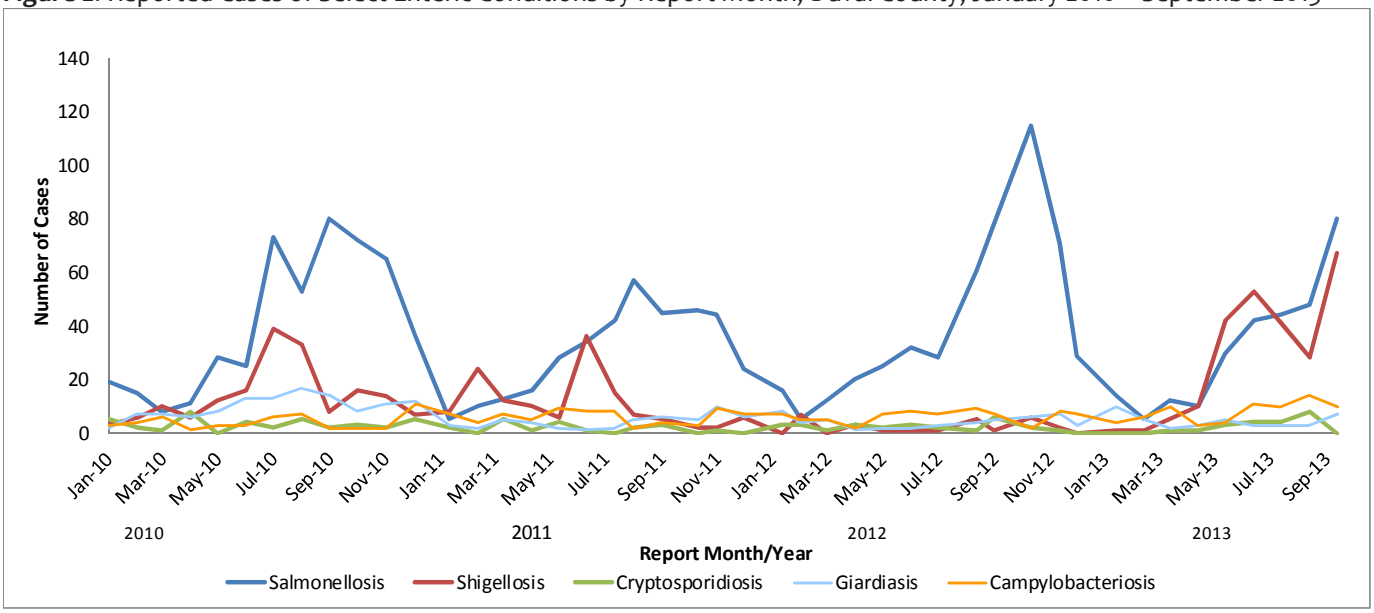
Norovirus activity continues in Florida. During September, two (2) outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. One of the reported outbreaks was confirmed as norovirus GII and one was pending stool testing results per the last report in EpiCom. Zero outbreaks of viral gastroenteritis were reported in Duval County during September (Source: FDENS EpiCom & DOH- Duval surveillance). During August, two (2) norovirus or gastrointestinal illness outbreaks were reported in Florida via EpiCom and one of those outbreaks was reported in Duval County.

For prevention information, visit http://www.cdc.gov/norovirus/ &

http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2010 – September 2013



Additional Enteric Disease Trends Update

Figure 3: Reported Cases of Salmonellosis by Report Week- Duval County - 2010-2013

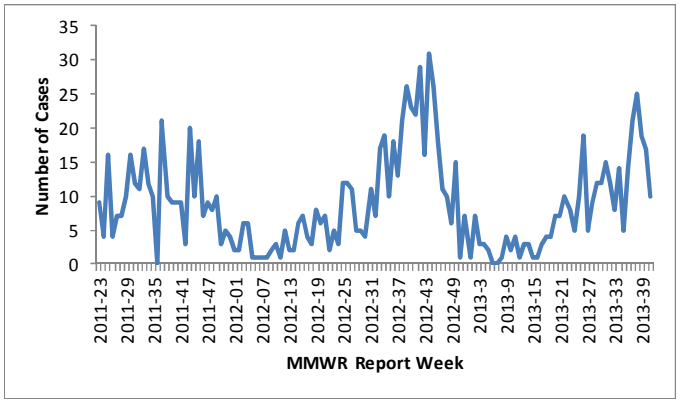
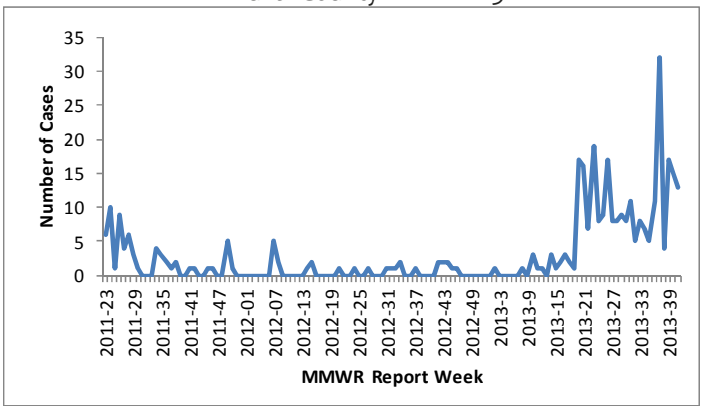


Figure 4: Reported Cases of Shigellosis by Report Week- Duval County - 2010-2013



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a mild level. In Duval County, ED visits for ILI as monitored through ESSENCE remained below 1% for weeks 23-34, but increased above 1% (Figure 5) during weeks 35-41. In September, there were zero (0) positive influenza results within Duval County that were tested at the Bureau of Public Health Labs (BPHL) -Jacksonville. ILI ED visits in the age group of <1-19 increased (Figure 6). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, enterovirus, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.html

Figure 5: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)

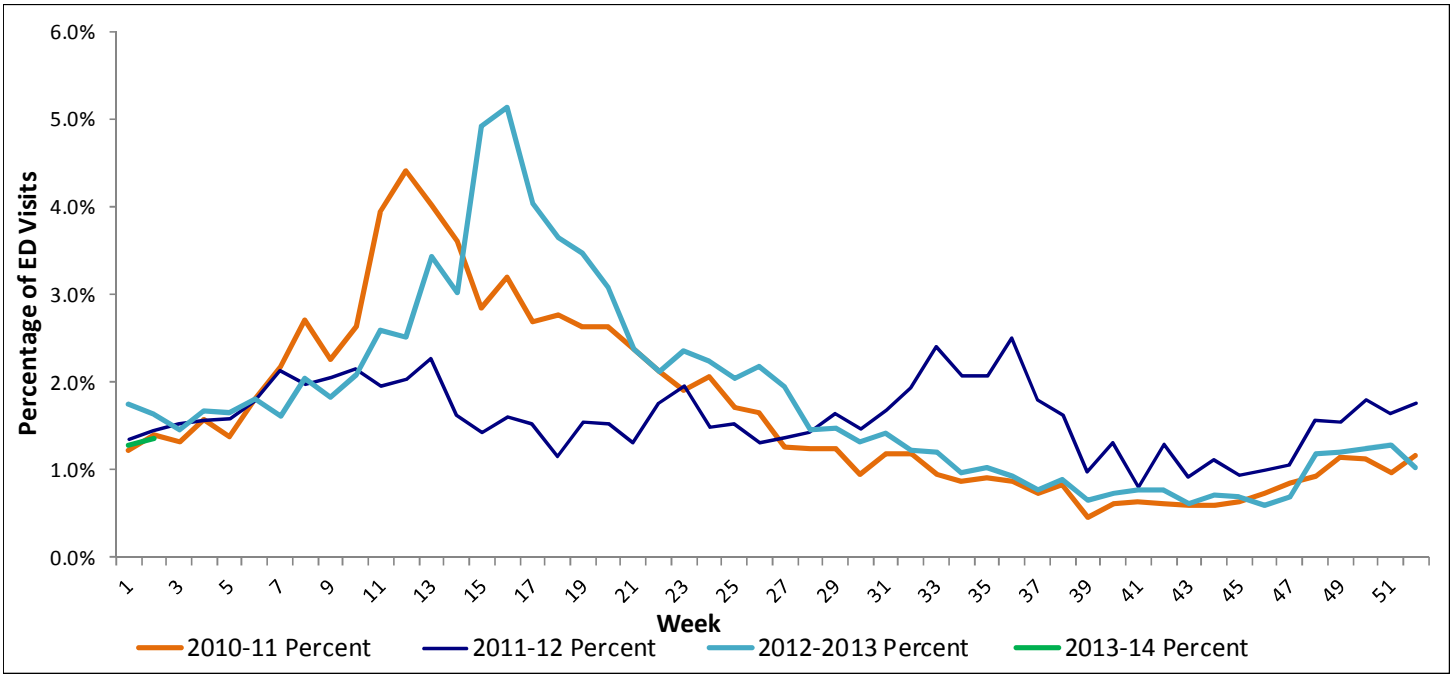
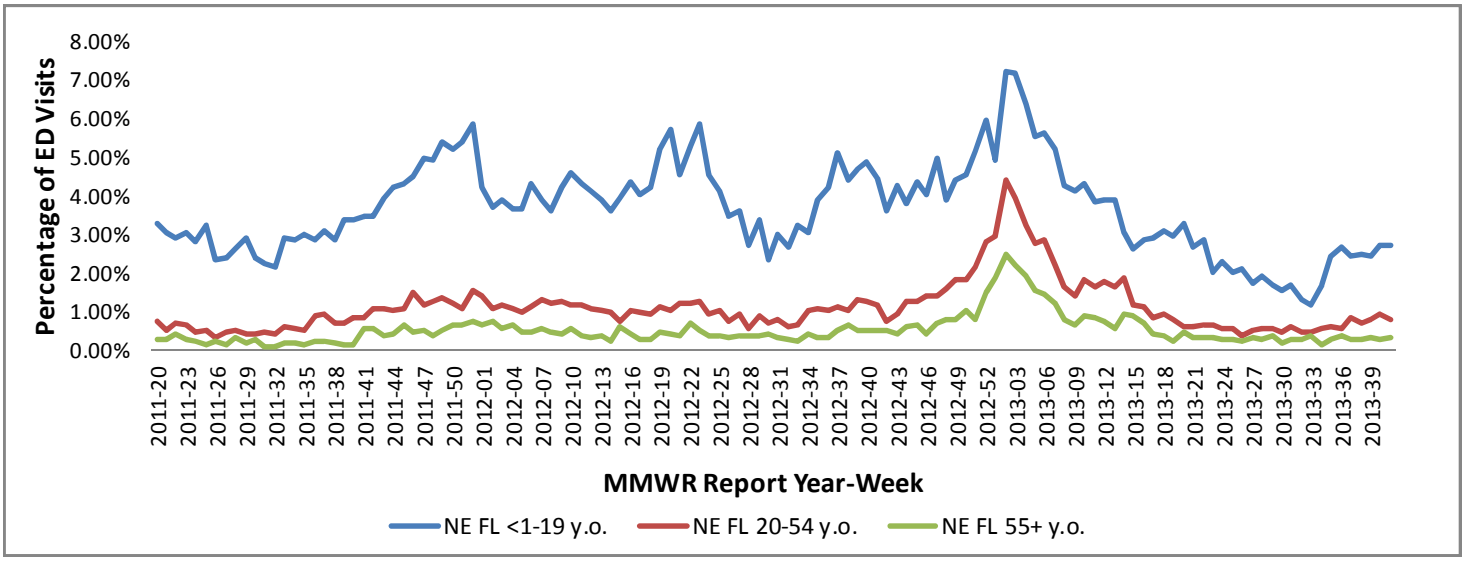


Figure 6: Age Comparison of ILI ED Visits – NE FL ESSENCE Facilities - Reported From May-2011 to September-2013



Respiratory Disease & ILI Overview Continued

Summary

Within the last month, no specimens have tested positive for influenza that were tested by the Bureau of Public Health Laboratories (BPHL). Influenza A, unspecified (3) was detected by private labs using rapid antigen testing (as reported through Electronic Lab Reporting (ELR), Figure 8). Of the over one hundred (117) specimens received by the Bureau of Public Health Labs and testing positive for influenza in Duval County during the 2012-2013 influenza season, sixty-five (55.6%) were influenza A H3, four (3.4%) were influenza A H1N1 2009, forty (34.2%) were influenza B, seven (6.0%) were influenza A, unspecified, and one (0.9%) was Influenza A, H1 seasonal.

Figure 7: Number of Specimens Tested by FL Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date – Week 20, 2011 to Week 41, 2013 as Reported by Merlin - Duval County

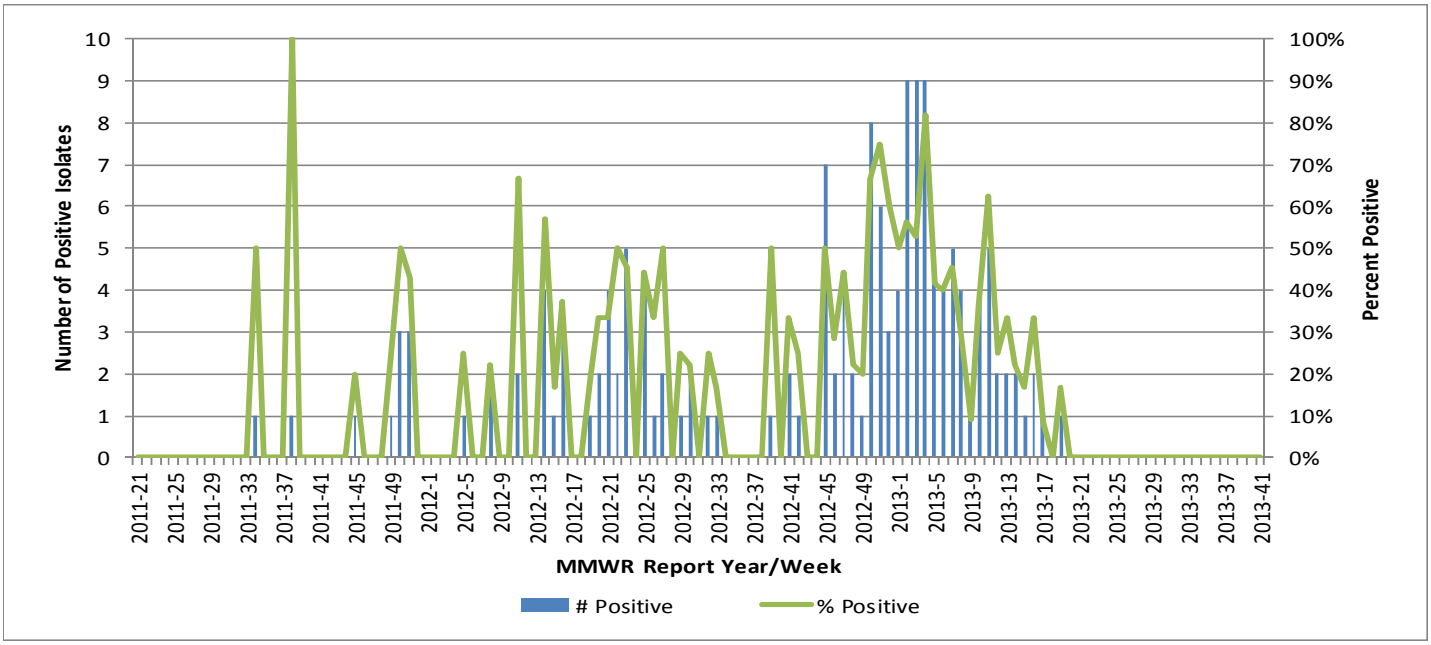
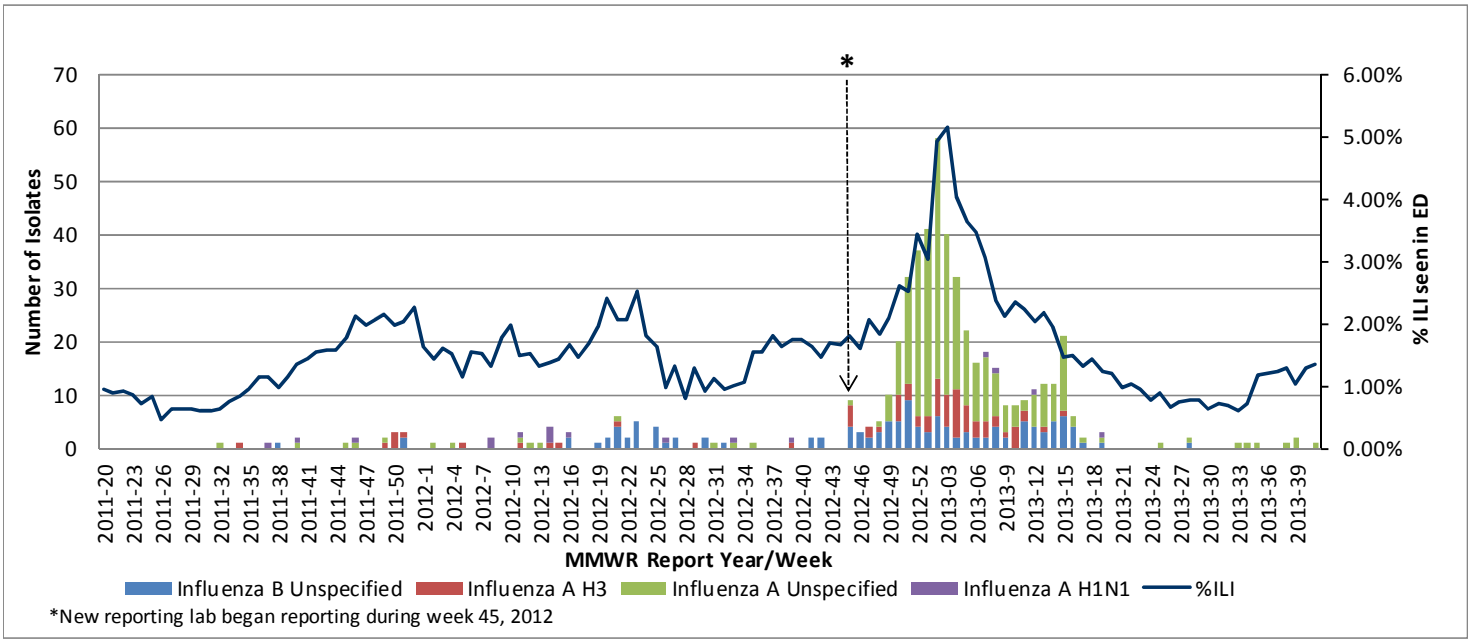


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 20, 2011 to Week 41, 2012 - Duval County



Respiratory Virus Surveillance (NREVSS N. Region)

Summary

Circulation of influenza remained the same in September. RSV increased. RSV season for the North Region of Florida traditionally runs from September to March. Within the **National Respiratory and Enteric Virus Surveillance System** (**NREVSS**) laboratory surveillance data for the North Florida region, the percent positive for influenza was 1.04% (2/192) (Figure 9) and 10.03% (30/299) of RSV specimens were positive during the month of September (Figure 10). In August, the percent positive for influenza was 1.20% and for RSV was 7.88%.

Figure 9: NREVSS - Monthly Influenza Surveillance Data by Region (NORTH) - Reported From 05/01/2009 to 09/28/2013

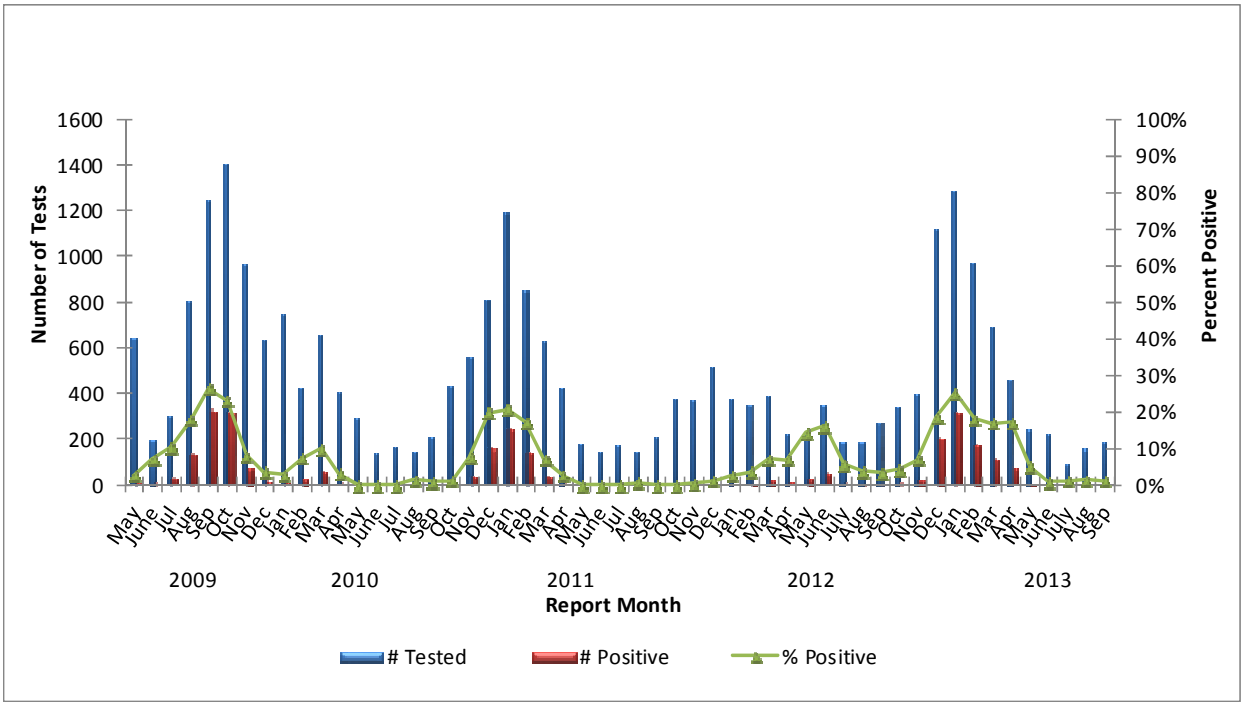
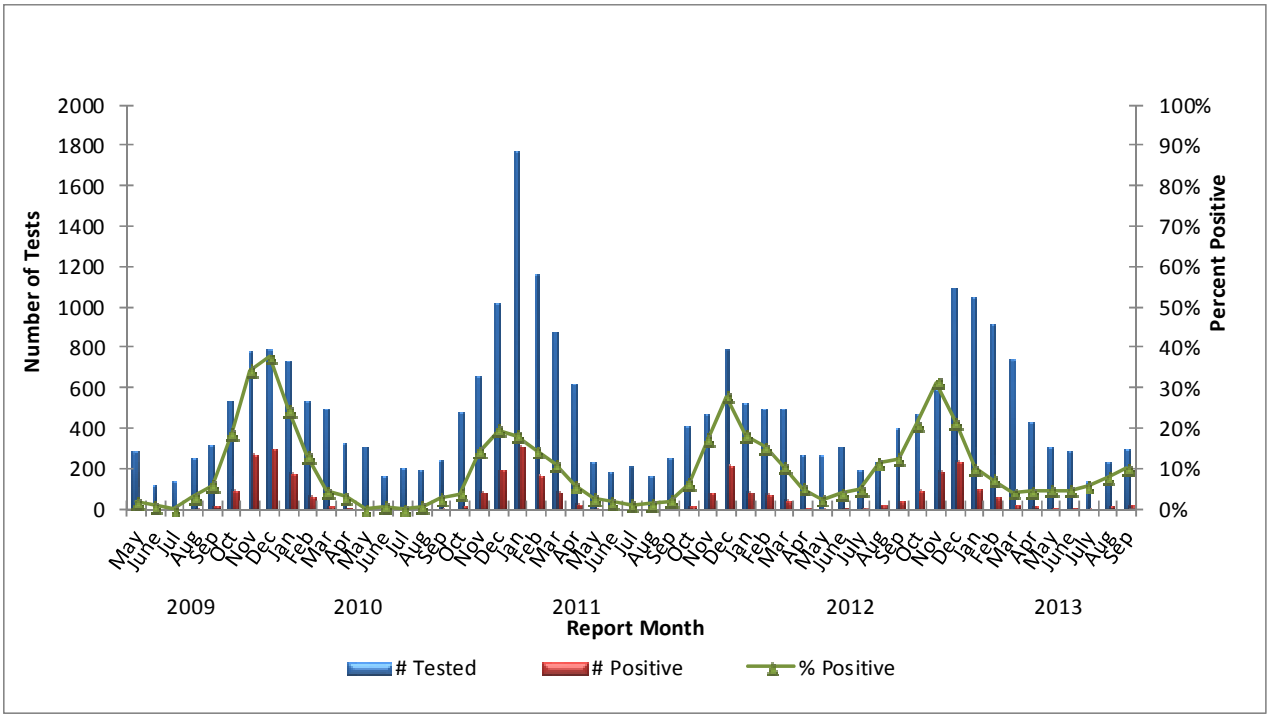


Figure 10: NREVSS - Monthly RSV Surveillance Data by Region (NORTH) - Reported From 05/01/2009 to 09/28/2013



Florida Mosquito-Borne Disease Summary

Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), and Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV) and California Encephalitis Group Viruses (CEV).

Figure 11: Florida Arbovirus Surveillance (January 1- October 5, 2012)

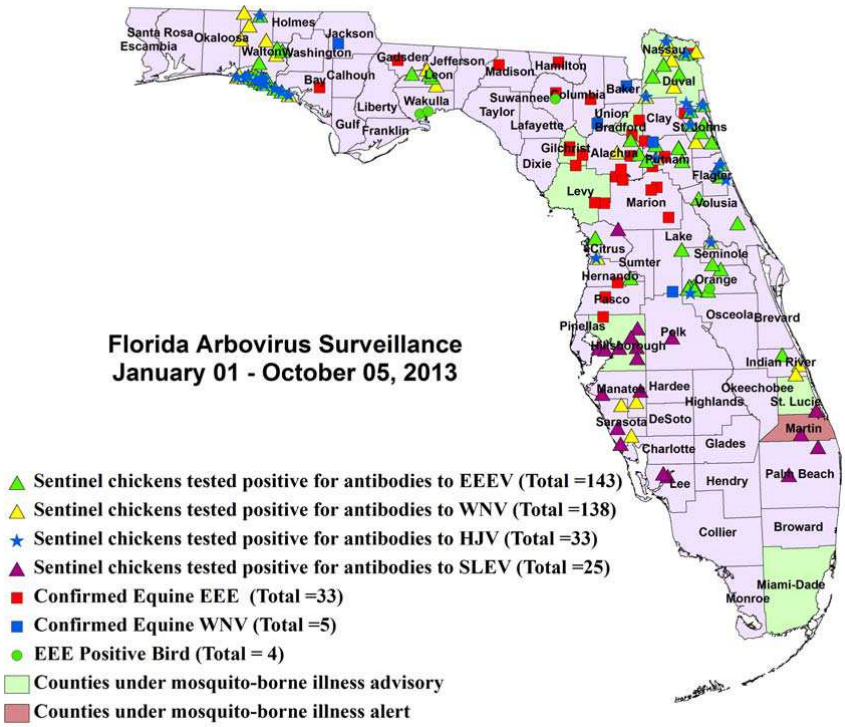


Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through October 5, 2013)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	2	5	138	-
St. Louis Encephalitis Virus	-	-	25	-
Highlands J Virus	-	-	33	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	2	33	143	4

State of Florida 2013 Case Summary

WNV infection Acquired in Florida: Two human cases of WNV illness with onset in August (1) and September (1) has been reported in 2013 in Duval (1) and Nassau (1) Counties. One asymptomatic positive blood donor was identified in August. The donor is a resident of Florida and has outdoor exposure in multiple North-East Florida counties.

EEEV Infection Acquired in Florida: Two human cases of EEE with onset in January (1) and March (1) have been reported in 2013 in Levy (1) and Hillsborough (1) County residents.

Dengue Infection Acquired in Florida: In 2013, a total of 22 cases of locally acquired dengue have been reported. Twenty one cases of dengue have been reported as acquired in Martin County with onsets in June (2), July (4), August (14), and September (1) 2013. Of these 20 cases, fourteen are residents of Martin County; four are residents of St. Lucie County; one resident of Palm Beach County; and two are out-of-state visitors.
One case of dengue has been reported as acquired in Miami-Dade County by a Miami-Dade resident with onset in August, 2013.

Imported Dengue: Eighty-eight cases of dengue with onset in 2013 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset.

Imported Malaria: Forty-one cases of malaria with onset in 2013 have been reported in individuals with travel history to a malaria endemic country.

Resources

See the following web site for more information:

http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/surveillance.html
http://dchd.net/component/content/article/103

Other notable trends and statistics

Notable Trends and Statistics- *Vibrio vulnificus*

The average per year of cases reported in Florida from 2008-2012 was approximately 27 cases with nine deaths. As of October 11, 2013, 32 cases have been reported in Florida during 2013 with ten deaths.

What is *Vibrio vulnificus*? *Vibrio vulnificus* is a bacterium that normally lives in warm seawater and is part of a group of vibrios that are called "halophilic" because they require salt.

How do persons get infected with *Vibrio vulnificus*? People can get infected with *Vibrio vulnificus* when they eat raw shellfish, particularly oysters. The bacterium is frequently isolated from oysters and other shellfish in warm coastal waters during the summer months. Since it is naturally found in warm marine waters, people with open wounds can be exposed to *Vibrio vulnificus* through direct contact with seawater. There is no evidence of person-to-person transmission of *Vibrio vulnificus*.

What are some tips for preventing *Vibrio vulnificus* infections?

- Do not eat raw oysters or other raw shellfish.
- Cook shellfish (oysters, clams, mussels) thoroughly.
- For shellfish in the shell, either a) boil until the shells open and continue boiling for 5 more minutes, or b) steam until the shells open and then continue cooking for 9 more minutes. Do not eat those shellfish that do not open during cooking. Boil shucked oysters at least 3 minutes, or fry them in oil at least 10 minutes at 375°F.
- Avoid cross-contamination of cooked seafood and other foods with raw seafood and juices from raw seafood.
- Eat shellfish promptly after cooking and refrigerate leftovers.
- Avoid exposure of open wounds or broken skin to warm salt or brackish water, or to raw shellfish harvested from such waters.
- Wear protective clothing (e.g., gloves) when handling raw shellfish.

For more information: http://newsroom.doh.state.fl.us/2013/10/01/10-01-13-vibrio-vulnificus/
http://www.cdc.gov/nczved/divisions/dfbmd/diseases/vibriov/

Tuberculosis (TB) Surveillance – Duval County - 1/1/2013 through 9/30/2013 – All Data are Provisional

Eighty-six (86) cases of TB were reported by Duval County in 2012. Several cases for 2013 are pending report and are not yet included below.

Table 2: Demographics and risk factors of TB cases reported year-to-date for 2013.

	Count	Total Cases	Percent
Gender			
Male	20	28	71.4%
Female	8	28	28.6%
Country of Origin			
U.S.	23	28	82.1%
Non-U.S.	5	28	17.9%
Age Group			
0-9	2	28	7.1%
10-19	0	28	0.0%
20-29	1	28	3.6%
30-39	7	28	25.0%
40-49	7	28	25.0%
50-59	8	28	28.6%
≥ 60	3	28	10.7%

	Count	Total Cases	Percent
Risk Factors			
Excess alcohol use within past year	7	28	25.0%
HIV co-infection*	4	28	14.3%
Injected drug use within past year	2	28	7.1%
Homeless	9	28	32.1%
Incarcerated at diagnosis	0	28	0.0%
Unemployed	19	28	67.9%
Ethnicity			
Asian	5	28	17.9%
Black	12	28	42.9%
White	11	28	39.3%
Hispanic	0	28	0.0%
Drug Resistance (1/1/2012 through 08/31/12)			
Resistant to isoniazid	1	28	3.6%

*** 3 people have not been offered HIV testing at the time of this report**

Tuberculosis surveillance data: http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/index.html

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, September 2013

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2013	2012	Mean†	Median¶	2013	2012	2013	2012	Mean†	Median¶	2013	2012
A. Vaccine Preventable Diseases												
Diphtheria	**0**	0	0.00	0	0	0	**0**	0	0.00	0	0	0
Measles	**0**	0	0.00	0	0	0	**0**	0	0.20	0	9	0
Mumps	**0**	0	0.00	0	0	1	**0**	1	1.20	1	2	4
Pertussis	**2**	1	6.20	4	20	29	**69**	35	42.40	36	489	447
Rubella	**0**	0	0.00	0	0	0	**0**	0	0.20	0	0	0
Tetanus	**0**	0	0.00	0	1	0	**0**	0	0.00	0	4	2
Varicella	**2**	2	2.80	2	44	28	**54**	44	68.20	64	520	668
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	**0**	0	0	0	1	1	**0**	3	2.4	3	16	20
H. influenzae (invasive)	**0**	0	1.40	2	19	8	**9**	21	15	14	213	185
Meningitis (bacterial, cryptococcal, mycotic)	**1**	1	1.40	1	10	14	**8**	15	16.2	15	114	132
Meningococcal Disease	**0**	0	0.00	0	0	0	**6**	1	3.4	4	46	37
Staphylococcus aureus (VISA, VRSA)	**0**	0	0.00	-	1	3	**0**	2	0.4	-	4	7
Streptococcus pneumoniae (invasive disease)												
Drug resistant	**1**	1	1.60	2	25	15	**31**	30	32.6	34	418	341
Drug susceptible	**2**	2	3.00	2	24	15	**29**	31	32.4	31	470	399
Streptococcal Disease, Group A, Invasive	**0**	0	1.00	1	7	5	**25**	23	16.8	18	232	181
C. Enteric Infections												
Campylobacteriosis	**10**	7	3.80	4	75	57	**166**	192	131.2	112	1600	1552
Cryptosporidiosis	**0**	6	6.20	5	21	24	**51**	43	72.4	45	294	350
Cyclosporiasis	**0**	0	0.00	0	6	0	**0**	4	2.2	1	46	21
Escherichia coli, Shiga-toxin producing**	**4**	0	0.60	0	8	1	**19**	3	8.4	8	122	65
Giardiasis	**7**	5	6.20	5	44	34	**122**	105	155.8	145	839	801
Hemolytic Uremic Syndrome	**2**	0	0.00	0	2	0	**2**	0	0.6	1	8	1
Listeriosis	**0**	0	0.40	0	2	1	**3**	2	4.6	5	33	19
Salmonellosis	**84**	79	69.00	74	295	278	**827**	859	826	859	4243	4277
Shigellosis	**67**	1	3.00	1	248	19	**157**	115	98.4	110	644	1448
Typhoid Fever	**0**	0	0.20	0	1	0	**2**	1	1.6	1	9	9

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2013	2012	Mean†	Median¶	2013	2012	2013	2012	Mean†	Median¶	2013	2012
D. Viral Hepatitis												
Hepatitis A	**1**	1	0.20	0	5	1	**26**	11	17.2	17	96	93
Hepatitis B +HBsAg in pregnant women	**4**	0	2.60	4	41	26	**36**	26	41.4	41	391	315
Hepatitis B, Acute	**1**	1	1.40	1	10	6	**34**	24	26.6	25	267	215
Hepatitis C, Acute	**0**	0	0.20	0	2	2	**23**	19	11.2	11	188	117
E. Vector Borne, Zoonoses												
Animal Rabies	**0**	0	0.60	1	2	2	**7**	9	13.2	12	76	77
Ciguatera	**0**	0	0.00	0	0	0	**7**	2	2	2	40	21
Dengue Fever	**1**	0	0.00	0	3	0	**34**	20	15.2	17	137	66
Eastern Equine Encephalitis††	**0**	0	0	-	0	0	**0**	0	0.1	-	2	1
Ehrlichiosis/Anaplasmosis¶¶	**0**	0	0.05	-	0	1	**4**	3	0.5	-	22	20
Leptospirosis	**0**	0	0.00	0	0	0	**0**	0	0.2	0	1	0
Lyme Disease	**0**	0	0.60	0	1	2	**29**	10	16.4	18	121	78
Malaria	**1**	1	0.60	0	4	7	**7**	5	9	9	48	57
St. Louis Encephalitis††	**0**	0	0	-	0	0	**0**	0	0	-	0	0
West Nile Virus††	**0**	3	0.9	-	1	22	**3**	20	3.5	-	4	52
F. Others												
Botulism-infant	**0**	0	0.00	0	0	0	**0**	1	0.2	0	1	15
Brucellosis	**0**	0	0.00	0	0	0	**0**	1	1.4	1	5	15
Carbon Monoxide Poisoning	**0**	0	0.00	0	23	1	**25**	16	8	9	123	49
Hansens Disease (Leprosy)	**0**	0	0.00	0	0	0	**1**	1	0.8	1	7	7
Legionellosis	**0**	1	0.80	1	12	13	**29**	25	21.4	20	193	152
Vibrios	**2**	0	0.02	-	12	7	**25**	18	1.6	-	148	113

***** Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2013 is provisional. **May include Non-Florida Cases.**

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

****** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for September 2013

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	6	100%	6	100%
Female	0	0%	0	0%
Race	**Area 4**	**%**	**Duval**	**%**
White	2	33%	2	33%
Black	3	50%	3	50%
Hispanic	0	0%	0	0%
Other	1	17%	1	17%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	0	0%	0	0%
20-24	3	50%	3	50%
25-29	0	0%	0	0%
30-39	2	33%	2	33%
40-49	1	17%	1	17%
50+	0	0%	0	0%
Total Cases	6		6	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	185	29%	164	30%
Female	460	71%	376	70%
Race	**Area 4**	**%**	**Duval**	**%**
White	152	24%	105	19%
Black	330	51%	308	57%
Hispanic	17	3%	17	4%
Other	146	22%	110	20%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	7	2%	5	1%
15-19	174	27%	145	27%
20-24	244	38%	199	37%
25-29	119	16%	103	19%
30-39	77	12%	71	12%
40-54	23	4%	17	4%
55+	1	1%	0	0%
Total Cases	645		540	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	143	53%	136	54%
Female	125	47%	114	46%
Race	**Area 4**	**%**	**Duval**	**%**
White	48	18%	40	16%
Black	179	67%	175	70%
Hispanic	3	1%	3	1%
Other	38	14%	32	13%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	3	1%	3	1%
15-19	43	16%	38	16%
20-24	75	28%	71	28%
25-29	61	23%	53	21%
30-39	56	21%	55	22%
40-54	25	9%	25	10%
55+	5	2%	5	2%
Total Cases	268		250	

Clement Richardson - STD Surveillance Supervisor
Charmain Ross - STD Surveillance Coordinator

Please note that STD numbers are provisional.

* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

For more STD surveillance data see: http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/

Data Dictionary

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using http://www.floridacharts.com/charts/CommunicableDiseases/

Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the *Sentinel Provider Influenza Surveillance Program*): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILInet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (*MMWR*) disease incidence reporting and publishing. Values for *MMWR* week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 3, one in Clay, St Johns, and Nassau Counties, provide regional coverage. The 11 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Luke's (Duval), and St. Vincent's (Duval)

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:

Healthcare Reporting: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/disease-reporting-information-health-professionals.html

Florida Annual Morbidity Reports: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/fl-amsr1.html

Influenza: http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.html

The Florida Department of Health in Duval County

Disease Reporting Telephone Numbers
AIDS, HIV - (904) 253-2992
STD - (904) 253-2974, Fax - (904) 573-4935
TB Control - (904) 253-1070, Fax - (904) 253-1943
Animal Bites – (904) 253-2576, Fax – (904) 253-2390
All Others - (904) 253-1850, Fax - (904) 253-1851, After Hrs Emergency – (904) 434-6035

Section 381.0031 (1,2), Florida Statutes, provides that "**Any practitioner**, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The DOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance…and shall furnish a copy of said list to the practitioners…."

Reportable Diseases/Conditions in Florida Practitioner Guide 11/24/08*

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, *Florida Administrative Code (FAC)*.

AIDS, HIV - (904) 253-2992

+	Acquired Immune Deficiency Syndrome (AIDS)
+	Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)

STD - (904) 253-2974

•	Chancroid
•	Chlamydia
•	Conjunctivitis (in neonates ≤ 14 days old)
•	Gonorrhea
•	Granuloma inguinale
•	Herpes Simplex Virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years old)
•	Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)
•	Lymphogranuloma venereum (LGV)
•	Syphilis
☎	Syphilis (in pregnant women and neonates)

TB CONTROL - (904) 253-1070

•	Tuberculosis (TB)

CANCER - (305) 243-4600

+	Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)

ALL OTHERS - (904) 253-1850

!	Any disease outbreak
!	Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.
•	Amebic encephalitis
•	Anaplasmosis
!	Anthrax
•	Arsenic poisoning
!	Botulism (foodborne, wound, unspecified, other)
•	Botulism (infant)
!	Brucellosis
•	California serogroup virus (neuroinvasive and non-neuroinvasive disease)
•	Campylobacteriosis
•	Carbon monoxide poisoning
!	Cholera
•	Ciguatera fish poisoning (Ciguatera)
•	Congenital anomalies
•	Creutzfeldt-Jakob disease (CJD)
•	Cryptosporidiosis
•	Cyclosporiasis
•	Dengue
!	Diphtheria
•	Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
•	Ehrlichiosis
•	Encephalitis, other (non-arboviral)
☎	Enteric disease due to: *Escherichia coli*, O157:H7 *Escherichia coli,* other pathogenic *E. coli* including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains
•	Giardiasis
!	Glanders
!	*Haemophilus influenzae* (meningitis and invasive disease)
•	Hansen's disease (Leprosy)
☎	Hantavirus infection
☎	Hemolytic uremic syndrome
☎	Hepatitis A
•	Hepatitis B, C, D, E, and G
•	Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)
!	Influenza due to novel or pandemic strains
☎	Influenza-associated pediatric mortality (in persons < 18 years)
•	Lead Poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC
•	Legionellosis
•	Leptospirosis
☎	Listeriosis
•	Lyme disease
•	Malaria
!	Measles (Rubeola)
!	Meliodiosis
•	Meningitis (bacterial, cryptococcal, mycotic)
!	Meningococcal disease (includes meningitis and meningococcemia)
•	Mercury poisoning
•	Mumps
☎	Neurotoxic shellfish poisoning
☎	Pertussis
•	Pesticide-related illness and injury
!	Plague
!	Poliomyelitis, paralytic and non-paralytic
•	Psittacosis (Ornithosis)
•	Q Fever
☎	Rabies (human, animal)
!	Rabies (possible exposure)
!	Ricin toxicity
•	Rocky Mountain spotted fever
!	Rubella (including congenital)
•	St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
•	Salmonellosis
•	Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
!	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
•	Shigellosis
!	Smallpox
•	*Staphylococcus aureus*, community associated mortality
☎	*Staphylococcus aureus* (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
☎	Staphylococcus enterotoxin B (disease due to)
•	Streptococcal disease (invasive, Group A)
•	*Streptococcus pneumoniae* (invasive disease)
•	Tetanus
•	Toxoplasmosis (acute)
•	Trichinellosis (Trichinosis)
!	Tularemia
☎	Typhoid fever
!	Typhus fever (disease due to *Rickettsia prowazekii* infection)
•	Typhus fever (disease due to *Rickettsia typhi*, *R. felis* infection)
!	Vaccinia disease
•	Varicella (Chickenpox)
•	Varicella mortality
!	Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
•	Vibriosis (Vibrio infections)
!	Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
•	West Nile virus disease (neuroinvasive and non-neuroinvasive)
•	Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
!	Yellow fever

! = Report immediately 24/7 by phone upon initial suspicion or laboratory test order

☎ = Report immediately 24/7 by phone

• = Report next business day

+ = Other reporting timeframe